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## BIB DATA SHEET

CONFIRMATION NO. 4590

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
05/18/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/KRISTINE K RAPILLO/ Examiner's Signature		Initials	MN	17	63	6

**ADDRESS**

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 600 Congress Avenue  
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 UNITED STATES

**TITLE**

System for collection, manipulation, and analysis of data from remote health care devices

<b>FILING FEE RECEIVED</b> 966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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